

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		664601	9/19/98
O.I.P.E. CLASSIFIER		10	3/14/98
FORMALITY REVIEW	RS	61730	3-26

Special handling:

70204

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
+	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	1/1/93
2	✓	✓	1/1/93
3	✓	✓	1/1/93
4	✓	✓	1/1/93
5	✓	✓	1/1/93
6	✓	✓	1/1/93
7	✓	✓	1/1/93
8	✓	✓	1/1/93
9	✓	✓	1/1/93
10	✓	✓	1/1/93
11	✓	✓	1/1/93
12	✓	✓	1/1/93
13	✓	✓	1/1/93
14	✓	✓	1/1/93
15	✓	✓	1/1/93
16	✓	✓	1/1/93
17	✓	✓	1/1/93
18	✓	✓	1/1/93
19	✓	✓	1/1/93
20	✓	✓	1/1/93
21	✓	✓	1/1/93
22	✓	✓	1/1/93
23	✓	✓	1/1/93
24	✓	✓	1/1/93
25	✓	✓	1/1/93
26	✓	✓	1/1/93
27	✓	✓	1/1/93
28	✓	✓	1/1/93
29	✓	✓	1/1/93
30	✓	✓	1/1/93
31	✓	✓	1/1/93
32	✓	✓	1/1/93
33	✓	✓	1/1/93
34	✓	✓	1/1/93
35	✓	✓	1/1/93
36	✓	✓	1/1/93
37	✓	✓	1/1/93
38	✓	✓	1/1/93
39	✓	✓	1/1/93
40	✓	✓	1/1/93
41	✓	✓	1/1/93
42	✓	✓	1/1/93
43	✓	✓	1/1/93
44	✓	✓	1/1/93
45	✓	✓	1/1/93
46	✓	✓	1/1/93
47	✓	✓	1/1/93
48	✓	✓	1/1/93
49	✓	✓	1/1/93
50	✓	✓	1/1/93

If more than 150 claims, staple additional sheet here.

(LEFT INSIDE)